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SERIAL NUMBER 09/512,914	FILING DATE 02/25/2000 RULE -	CLASS 514	GROUP ART UNIT 4614 1617	ATTORNEY DOCKET NO. PC 9919ARTR
APPLICANTS Jan Buch, Greenwich, CT ; Robert Andrew Donald Scott, Riverside, CT ;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/057,275 08/29/1997 <i>is a continuation of PCT/IB 98/01225 - 8/11/1998</i>				
** FOREIGN APPLICATIONS ***** PCT/IB 98/01225-08/11/1998				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/02/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SAD</i> Examiner's Signature Initials		STATE OR COUNTRY CT	SHEETS DRAWING -	TOTAL CLAIMS 117 12
INDEPENDENT CLAIMS 19				
ADDRESS Pfizer Inc Patent Department Box 519 Eastern Point Road Groton, CT 06340				
TITLE Therapeutic combination				
FILING FEE RECEIVED 3814	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 6924

SERIAL NUMBER 09/512,914	FILING DATE 02/25/2000 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. PC 9919ARTR
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APPLICANTS
Jan Buch, Greenwich, CT;

**** CONTINUING DATA *******
CON
THIS APPLICATION IS A ~~374~~ OF PCT/IB98/01225 08/11/1998
WHICH CLAIMS BENEFIT OF 60/057,275 08/29/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 05/02/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING	TOTAL CLAIMS 117	INDEPENDENT CLAIMS 19
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ADDRESS
Pfizer Inc
Patent Department
Box 519
Eastern Point Road
Groton, CT 06340

TITLE
THERAPEUTIC COMBINATION

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